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## FAX TRANSMISSION

**DATE:** May 9, 2008

**PTO IDENTIFIER:** Application Number 10/655,861  
Patent Number

**Inventor:** Yi Wang

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** ROPES & GRAY LLP

Jennifer K. Holmes, Ph.D., J.D.

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**Attorney Dkt. #:** ALXN-P01-102

**PAGES (Including Cover Sheet):** 3

**CONTENTS:** Fee Transmittal (1 page)  
Request for Continued Examination Transmittal (1 page)  
Charge \$405.00 to deposit account 18-4945

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PTO/SB/17 (10-07)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete If Known</b> Application Number 10/655,861 Filing Date September 5, 2003 First Named Inventor Yi Wang Examiner Name F. P. Vandervegt Art Unit 1644 Attorney Docket No. ALXN-P01-102	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	405.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 18-1945    Deposit Account Name: Ropes & Gray LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims: 141    Extra Claims: \_\_\_\_\_    Fee (\$): \_\_\_\_\_    Fee Paid (\$): \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: \_\_\_\_\_    Extra Claims: \_\_\_\_\_    Fee (\$): \_\_\_\_\_    Fee Paid (\$): \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_    Extra Sheets: \_\_\_\_\_    Number of each additional 50 or fraction thereof: \_\_\_\_\_    Fee (\$): \_\_\_\_\_    Fee Paid (\$): \_\_\_\_\_  
 - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other, (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 405.00

<b>SUBMITTED BY</b>			
Signature	<i>Jennifer K. Holmes</i>	Registration No. (Attorney/Agent)	46,778
Name (Print/Type)	Jennifer K. Holmes, Ph.D., J.D.	Telephone	(617) 951-7933
		Date	May 9, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: 5/9/08    Signature: *Andrea Berlo* (Andrea Berlo)

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PTO/SB/30 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

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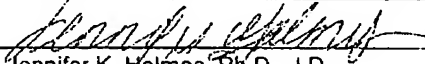
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<b>Request for Continued Examination (RCE) Transmittal</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/655,861
	Filing Date	September 5, 2003
	First Named Inventor	Yi Wang
	Art Unit	1644
	Examiner Name	F. P. Vandervegt
	Attorney Docket Number	ALXN-P01-102

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.  
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- ii. ☒ Other Amendment and Response to Final Office Action filed on January 7, 2008
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other \_\_\_\_\_
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 18-1945. I have enclosed a duplicate copy of this sheet.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	May 9, 2008
Name (Print/Type)	Jennifer K. Holmes, Ph.D., J.D.	Registration No.	46,778

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Dated: 5/9/08 Signature: Andrea Berle (Andrea Berle)

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